

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32955

FILED OCT 9 1943

Registration District No. 187

Primary Registration District No. 3046

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
102 Third Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sammuel Lark

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Peurlina Lark 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Nov. 29 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 9 23 hr. min.

9. Birthplace Sullivan County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Francis Lark  
13. Birthplace Lebanon, Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel Williams  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant George A. Lark  
(b) Address Chillicothe, Missouri  
17. (a) Burial (b) Date thereof 9-24-'43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knifong Cemetery  
18. (a) Signature of funeral director F. B. Norman Co.  
(b) Address Chillicothe, Missouri  
19. (a) SEPT 23 (b) L. A. Ellis  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. 102 Third Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd.  
year 1943 hour 11:30 minute P.M.

21. I hereby certify that I attended the deceased from Sept 16, 1943, to Sept 22, 1943.  
that I last saw him alive on Sept 22, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)  
Address Chillicothe MO Date signed 9/23/43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... E. R. Norman ....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... ER Norman .....

..... Licensed Embalmer No. 2374 .....

..... P. O. Address Chillicothe, Mo. .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**